

ILLINOIS DEPARTMENT OF AGRICULTURE  
 Bureau of Meat and Poultry Inspection  
 State Fairgrounds – P.O. Box 19281  
 Springfield, IL 62794-9281  
 Phone 217/782-6684 TDD 866/287-2999

**Application for a License to Operate a Refrigerated Warehouse**  
**Non Transferable License Fee - \$50.00**

**OFFICE USE ONLY**

Lic # \_\_\_\_\_  
 Issue Date \_\_\_\_\_  
 Exp Date \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Check amt \$ \_\_\_\_\_  
 Revenue Code 150 \_\_\_\_\_

Please mark one: NEW ☐ or RENEWAL ☐

Name & Address of Business (Please type or print)

Check one of the following:

Sole Owner ☐  
 Partnership ☐  
 Corporation ☐

Telephone Number:

Name(s) and Address(es) of Owner(s), Partner(s) or Corporation's Officer(s):

Name of Manager or Official in Charge of Corporation:

1. If the refrigerated warehouse comprises more than one building, designate for which location this license is sought. (See Section 515.20 of the Regulations)
2. If building is leased, state name and address of owner.
3. Square feet of floor area available for refrigerated storage purposes:
4. Are premises in sanitary condition as defined in the Sanitary Food Law?
5. Are premises properly equipped for refrigerated storage of food?
6. Are you familiar with the Refrigerated Warehouse Law & Sanitary Food Law?
7. System and capacity of refrigerating machinery:
8. Method used to control room temperature:
9. What records are kept of room temperature?
10. If licensed before, state license number:

If not licensed before, list date plant started operation:

**Certifications:** Failure to check one of the boxes below may result in the Department refusing to process your application.

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following: **"I hereby certify, under penalty of perjury, that** (please check one)

☐ I am not subject to a child support order."

☐ I am not more than 30 days delinquent in complying with a child support order."

☐ I am more than 30 days delinquent in complying with a child support order."

Failure to so certify may result in denial of the application/renewal, and making a false statement may subject the licensee to contempt of court (5ILCS 10/10-65(c)).

2. I hereby certify that if a license is granted under this application, I agree to conform to the Illinois Meat and Poultry Inspection Act and the Regulations pursuant, thereto.
3. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

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Name of Owner (Please Print or Type)

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Signature of Owner

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Date

**Licensing fee:**

The annual license fee of \$50.00 must be submitted with this application. Please make check, draft or money order payable to the Illinois Department of Agriculture. Do not remit currency. There is an option to pay your license renewal over the phone with a visa or master credit card. You would be required to fax your application to 217/524-7801 and call the Compliance Office at 217/785-4709 with your information.

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IMPORTANT NOTICE: Any person who believes he or she or any specific class of individuals has been subjected to discrimination by the Illinois Meat and Poultry Inspection Program or believes that the Illinois Meat and Poultry Inspection Program is otherwise in noncompliance with the provisions of an applicable civil rights requirement may file a complaint with the USDA Office of Civil Rights. A complainant has 180 days from the date of the alleged discriminatory action or the time that they became aware of it to file a program discrimination complaint with USDA.

Director, Office of Civil Rights, U.S. Department of Agriculture, Room 316-W Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410,  
Telephone: (202) 720-5964 (Voice and TDD)